

Attachment 2: State Control of Resource Center Functions

The Functional Screening Tool Is Reliable, Valid, Objective and State-Controlled

The functional screen used in Family Care is:

1. A reliable and valid tool¹ that results in level of care determinations that are highly congruent with determinations through the Bureau of Quality Assurance level of care process, and does so consistently among different screeners. HCFA has already approved use of the functional screen in place of the BQA process.²
2. An objective tool³ that reliably assesses a combination of information about an individual's conditions/diagnoses, functional deficits, behavioral challenges, and needed treatment/service interventions and returns a valid level of care. The logic⁴ that scores the information collected on the functional screen and returns a level of care is masked from screeners.
3. A State-controlled process (see below) that builds upon the successful collaborative process for determining HCBS waiver eligibility currently in place for Wisconsin's existing waivers.

The Functional Screening Process is State-Controlled

The design of Wisconsin's functional screen process allows the State to retain control over level of care assessment in the same way it retains control over Medical Assistance eligibility determination. The logic in the automated functional screen, and the policy behind it, is controlled by the State in much the same way that the automated CARES system allows the State to control Medical Assistance eligibility logic and policy even though county employees use that automated system to determine financial eligibility. The State has demonstrated that:

1. The automated functional screen reliably determines level of care that is equivalent to the process for determining Medicaid level of care eligibility in a nursing facility and other levels of care related to Family Care eligibility.
2. The functional screen is a complex and objective instrument that is very difficult to manipulate.
3. Accuracy of the functional screen is closely monitored and evaluated.

¹ *Testing the Reliability and Validity of the Wisconsin Long Term Care Functional Screen*, Nachman Sharon, Ph.D., Wisconsin Department of Health and Family Services, May 2000.

² *Correspondence*, Dorothy Burk Collins, Regional Administrator, Region V, Health Care Financing Administration, September 13, 2000

³ *Wisconsin Long Term Care Functional Screen and Wisconsin Long Term Care Functional Screen Instructions*, Ann M. Pooler, R.N., Ph.D., Wisconsin Department of Health and Family Services, April 2000

⁴ *Family Care Eligibility Logic*, Ann M. Pooler, R.N., Ph.D., Wisconsin Department of Health and Family Services, April 2000; and *NH & DD Levels of Care (LOC) Determination from Family Care Functional Eligibility Screen*, Ann M. Pooler, R.N., Ph.D., Wisconsin Department of Health and Family Services, April 2000;

The State's Contract for Level of Care Assessment Ensures Accuracy

Through its contracts with entities to complete functional screens, the State ensures that level of care assessments are accurate. This includes requiring that:

1. If contracting for level of care assessment with a Resource Center, that contract is with a publicly accountable county or Family Care district agency.
2. If contracting for level of care assessment with a county-operated Resource Center, that agency has a managing board separate from the board of any county-operated CMO or other provider.
3. Persons who conduct the functional screen are employed under merit-based personnel systems that insulate them from undue influence by county officials.
4. Persons who conduct the functional screen possess minimum qualifications, including:
 - A four-year bachelor's degree in the social services area (social work, rehabilitation, psychology, etc.) and knowledge of the conditions of target populations and of local long term care resources including both nursing facilities and community alternatives.
 - Participation in a full day training on how to use the automated functional screen and successful completion of a post-test that verifies their knowledge and ability to accurately administer the functional screen.
5. Each agency contracting for level of care assessment designate a "functional screen lead staff person" who is responsible for ensuring that:
 - Screens are done within timeframes specified in the contract.
 - Screens are complete and accurate in accordance with the contract; to ensure screen accuracy, the functional screen lead staff person will:
 - ✓ Ensure that all screeners meet department requirements for education, experience, and screen training.
 - ✓ Provide new screeners with initial department video training, administer the post-training test new screeners must pass, and provide mentoring for new screeners.
 - ✓ Regularly solicit screener questions and submit them to the department for review and feedback. The department will identify quality assurance issues to share with other contract agencies as needed.
 - ✓ Ensure that screeners confirm diagnoses, health-related services, and target group questions with a health care professional as appropriate.

- Quality assurance and improvement studies are conducted to routinely assess completed screens for inter-rater reliability.
6. The Department of Health and Family Services will monitor the performance of each agency contracting for level of care assessment, including:
- Providing an instructional functional screen manual to each contracting agency.
 - Providing functional screen bulletins as needed to communicate general information and policy, changes in procedures or protocols, and quality improvement strategies.
 - Maintaining a functional screen hot line to answer screener and screen lead questions.
 - Creating and maintaining programmed data entry-level quality features, including:
 - ✓ Edits within the screen application that disallow omissions of mandatory fields.
 - ✓ “Completion matching” to call up and categorize diagnoses when initial letters are entered (to reduce misspellings and redundancies).
 - ✓ Automatically limiting items that may be selected for particular questions based on responses to earlier entries.
 - ✓ Additional programmed data-entry level edits for quality assurance based on complex clinical logic overlying all screen modules, which cue the user in response to screen entries that appear to be incoherent (e.g., person with significant cognitive deficits marked as independent with medication monitoring). Pop-up cues explain the apparent discrepancy and suggest local quality assurance follow. Incoherent entries must either be corrected, or an explanation must be provided in the “Comment” field. Such screens will be marked for further follow-up by the department after screens have been submitted to the data warehouse.
 - Regularly performing analytical queries on completed screens to seek out suspected quality problems. This will include a complex clinical logic that can seek out incoherencies or any other target issue desired.
 - Conducting routine statistical analyses of completed screens to compare level of care assessments for each individual contract agency with statewide data, comparing both the level of care awarded for individuals with like diagnoses and/or functional deficits, and the incidence of reporting of selected functional deficits that have a significant impact on the level of care awarded (e.g., assistance with bathing).
 - Conducting routine comparisons of deficits reported on individuals’ functional screens with the CMO assessments, care plans and service encounters for those individuals.
 - State staff conducting annual quality assurance site reviews of all Resource Centers.

- State staff (e.g., Regional CIS and AA Team staff) auditing for the accuracy of functional screens submitted by each Resource Center:
 - ✓ Regular periodic checking of functional screens (e.g., quarterly to begin, with frequency increasing or decreasing based on the level of verified accuracy).
 - ✓ Selecting a statistically valid random sample of persons who have received screens that is representative of all of the Family Care target groups served by that Resource Center (again sample size may be increased or decreased based on the level of verified accuracy).
 - ✓ Interviewing the persons screened to verify the accuracy of each screen field entry.
 - ✓ Determining whether any inaccuracies discovered would have resulted in the automated functional screen logic awarding a level of care inappropriately.
 - ✓ Identifying any patterns in the type or amount of inaccurate entries and providing feedback, technical assistance and, if necessary, taking other contract monitoring actions identified below.
- Implementing a contract monitoring system to take corrective action whenever monitoring and quality assurance efforts discover problems or discrepancies, including:
 - ✓ Plans of correction.
 - ✓ Fiscal sanctions.
 - ✓ Termination of county contract; enter contract with independent entity.

The State Monitors the Quality of Options Counseling

Options counseling is defined as the process whereby the potential long term care consumer is introduced to the range of resources available in the community for all types and levels of long term care, and the processes to access these different options. Part of options counseling includes providing general information about the Family Care benefit and how it can be accessed. The state will implement a three-pronged approach to quality assurance for options counseling at the Resource Center.

1. Resource Center certification requires that staff providing options counseling meet the following minimum requirements:
 - Have a four-year bachelor's degree in the social services area (social work, rehabilitation, psychology, etc.).
 - Have experience in working with the Family Care target populations and knowledge of typical conditions and functional limitations of these target groups.

- Have knowledge of local long term care resources including both nursing facilities and community alternatives.
 - Have good communication skills and interviewing experience.
2. Staff providing options counseling receive ongoing training:
- From Resource Center supervisory staff on locally available resources.
 - From department staff regarding approved options counseling materials and their presentation. This training is interactive and given by the clinical social work and nursing staff of the Center for Delivery Systems Development in conjunction with the department target group specialists. The training and department review of materials ensure compliance with HCFA regulations governing managed care programs.
3. Resource Centers are required by contract to conduct random surveys of Resource Center callers, asking a series of satisfaction questions, including questions about the options counseling, and the adequacy impartiality of the information the caller was provided.
4. The department assesses the effectiveness, scope and impartiality of options counseling during quality site visits with each Resource Center, which occurs semi-annually in the first contract year and annually thereafter. During these visits an interdisciplinary team from the department reviews the quality of Resource Center services and reports back to the Resource Center, indicating the areas where the Resource Center may need to implement a local quality initiative or may need technical assistance. The department may require a plan of correction if serious quality deficiencies are discovered. The quality site review will attempt to determine the extent to which consumers have been provided:
- Information describing the Resource Center, its functions and service area.
 - Information about all the potential resources within the area, including:
 - ✓ All residential options.
 - ✓ All home-based service options.
 - ✓ All potential sources of public funding.
 - Information about services available for all citizens, including:
 - ✓ Services for elders such as meal sites, fuel assistance, benefit specialist, home delivered meals, transportation options.

- ✓ Services for people with disabilities such as services from peer and support organizations (e.g., Independent Living Center, ARC) disability benefit specialist, vocational rehabilitation services.
- Information about the array of publicly funded services, including for each:
 - ✓ How to apply.
 - ✓ Eligibility requirements including information about cost sharing and whether estate recovery applies.
 - ✓ An offer of assistance in gathering necessary information and completing the application and eligibility determination process.